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LEGISLATIVE ANNUAL REPORT



ALABAMA
MEDICAL
CANNABIS
COMMISSION

2021:

Inaugural Annual Report

On May 17, 2021, Governor Kay Ivey signed into law the Darren Wesley “Ato” Hall Compassion Act (Alabama Act 2021 – 450). The Act establishes the Alabama Medical Cannabis Commission and authorizes the Commission to implement this chapter by making medical cannabis derived from cannabis grown in Alabama available to registered qualified patients and by licensing facilities that process, transport, test, or dispense medical cannabis and administer and enforce the Act and all rules adopted pursuant to this Act (Section 20-2A-22, Code of Alabama 1975).



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Qualifying Medical Conditions

The law lists the following as qualifying medical conditions or conditions or symptoms of conditions:

- a. Autism
- b. Cancer-related cachexia, nausea or vomiting, weight loss, or chronic pain
- c. Crohn's Disease
- d. Depression
- e. Epilepsy or condition causing seizures.
- f. HIV/AIDS-related nausea or weight loss
- g. Panic disorder
- h. Parkinson's disease
- i. Persistent nausea that is not significantly responsive to traditional treatment...
- j. Post Traumatic Stress Disorder (PTSD)
- k. Sickle Cell Anemia
- l. Spasticity associated with a motor neuron disease, including Amyotrophic Lateral Sclerosis
- m. Spasticity associated with Multiple Sclerosis or a spinal cord injury.
- n. A terminal disease
- o. Tourette's Syndrome
- p. A condition causing chronic or intractable pain which conventional therapeutic intervention and opiate therapy is contraindicated or has proved ineffective.





Commission Appointments

The Act establishes the Alabama Medical Cannabis Commission and consists of the following members, with initial members appointed not later than July 1, 2021

(1) Three members appointed by the Governor, one of whom is a physician licensed to practice medicine in Alabama; one of whom is a licensed pharmacist; and one of whom has experience in agricultural lending or banking.

(2) Three members appointed by the Lt. Governor, one of whom is a physician licensed to practice medicine in Alabama and certified in the specialty of pediatrics; one of whom is licensed to practice law in Alabama who specializes in health law; and one of whom is a biochemist.

(3) Two members appointed by the President Pro Tempore of the Senate, one of whom is licensed to practice medicine in Alabama and certified in the specialty of oncology; and one of whom has experience in multiple crop development and agricultural practices.

(4) Two members appointed by the Speaker of the House of Representatives, one of whom has a background and experience in mental health or substance abuse counselling and treatment; and one of whom has professional experience in agricultural systems management.

(5) One member appointed by the Commissioner of Agriculture and Industries who is experienced in agricultural production or agronomic or other horticultural practices.

(6) One member appointed by the State Health Officer.

(7) One member appointed by the Attorney General (nonvoting)

(8) One member appointed by the Secretary of the Alabama State Law Enforcement Agency (nonvoting).

Inaugural Commission Members

Gov. Kay Ivey Appointments:

Dr. William Saliski Jr. – Pulmonologist (Montgomery, AL)

Dr. Sam Blakemore – Pharmacist (Birmingham, AL)

Dwight Gamble – Banker (Headland, AL)

Lt. Gov. Will Ainsworth Appointments:

Dr. Angela Martin – Pediatrician (Anniston, AL)

Loree Skelton – Healthcare Attorney (Birmingham, AL)

Dr. Eric Jensen – Biochemist (Brownsboro, AL)

President Pro Tem of the Senate Greg Reed Appointments:

Dr. Steven Stokes – Oncologist (Dothan, AL)

Taylor Hatchett – Farmer (Chilton Co, AL)

House Speaker Mac McCutcheon Appointments:

Charles Price – Circuit Judge (Montgomery, AL)

Rex Vaughn – Farmer (Huntsville, AL)

Commissioner of Agriculture and Industries Rick Pate Appointment:

James Harwell – Nursery/Landscaper (Montgomery, AL)

State Health Officer Scott Harris Appointment:

Dr. Jerzy P. Szaflarski – UAB/Department of Neurology (Birmingham, AL)

Attorney General Steve Marshall (Non-Voting) Appointment:

Katherine Robertson – Chief Counsel at Attorney General's Office (Montgomery, AL)

ALEA Secretary Hal Taylor (Non-Voting) Appointment:

Dion Robinson – ALEA Special Agent (Tuskegee, AL)

Commission Meetings

The Commission held its first meeting on August 12, 2021. The meeting was kicked off by Governor Kay Ivey. The Commission dealt with organizational matters at this meeting. Dr. Steven Stokes from Dothan was selected by the Commission as its Chairman and Mr. Rex Vaughn from Huntsville was voted Vice Chairman. The Commission also established five committees to include the Executive Director Search Committee, Physicians Committee, Agricultural Committee, Processors Committee and Dispensaries Committee.

During August and early September, 2021, the Commission held two additional organizational and information-gathering meetings. In addition to committee reports at the August 25, 2021, meeting, Mr. Tom Albritton from the Alabama Ethics Commission presented and addressed questions from members. At the September 9, 2021, meeting the Commission appointed then-State Treasurer John McMillan as Director of the Commission.

The Commission's next meeting was held on October 14. Following committee reports by the Physicians, Agriculture, Processor, Dispensary and Audits, the Commission's staff shared reports, including a legislative and legal update, financial report and a summary of communication and technology efforts.

Both State Purchasing Director Michael Jones and Jenny Haygood, Director of the rules division at the Legislative Service Agency, gave reports on the state purchasing process and the state process on the rule-making procedures under the Alabama Administrative Procedures Act respectively.

The Communications report included a presentation of the Commission's new website and the Alabama Medical Cannabis Commission's state symbol.

The Commission met on November 18, 2021. The Commission's committees gave reports of their efforts. The Alabama Medical Association and Alabama Board of Medical Examiners attended the meeting and informed the Commission that efforts are continuing the development of an educational curriculum for physicians. It was also announced that rules for physicians had been drafted by the Alabama Board of Medical Examiners and that the public comment period would last until January 4, 2022.

The meeting agenda also featured Mr. Chris Ferguson, Director of the Florida Office of Medical Marijuana Use, who gave a brief overview of the Florida medical cannabis program.

Commission staff announced that a state legal contract with the Montgomery law firm Webster Henry was completed and that the firm will be spearheading the Commission's mandate to draft and promulgate administrative rules and regulations.

A financial report was also provided to the Commission and supplemental and fiscal year 2023 budget requests have been submitted.

Additionally, staff shared that the commission website has been very popular with Alabama citizens with over 6,000 visitors over the past month.

Two additional Commission committees were approved by the Commission to address legal and law enforcement issues and a rules committee to provide insight and support to the rule drafting responsibilities of the Commission.

Letter from the Director

JOHN MCMILLAN

The Alabama Medical Cannabis Commission was established by the Alabama Legislature and Governor Kay Ivey by the passage of the Darren Wesley “Ato” Hall Compassion Act (Alabama Act 2021 – 450) in the spring of 2021. Since its passage, fourteen commission members have been appointed by their appointing authorities. This past September the commission members employed me as the Commission’s first Director.

I feel very blessed to have been appointed to this unique leadership role. With many years of public service to the people of our great State, including my past service as Alabama’s Commissioner of Agriculture and Industries and State Treasurer, I feel confident that our team can organize and build a medical cannabis program that is one of the best in the country.

As the 37th state in the country to legalize medical cannabis, Alabama has a wonderful opportunity to establish a model program that will meet the needs of thousands of Alabama residents who are suffering from various medical conditions whose symptoms can be alleviated by the proper use of medical cannabis products.

In its wisdom, the Alabama legislature, led by Senator Tim Melson from Florence and Representative Mike Ball from Madison, determined that “medical research indicates that the administration of medical cannabis can successfully treat various medical conditions and alleviate the symptoms of various medical conditions.” (§ 20-2A-2 (2), Code of Alabama 1975).



The State Legislature intended to provide a safe medical cannabis product to qualified Alabama patients and to accomplish that goal by setting up opportunities for medical cannabis to be cultivated, processed, transported, tested, and dispensed in Alabama.

Along with commission members, our staff and I look forward to implementing the statute as promulgated by Alabama's lawmakers. We look forward to working with the legislature, multiple state agencies, and Alabama cultivators, processors, transporters, laboratories, and dispensing facilities to provide a safe, reliable, and medically administered medical cannabis product to qualified Alabama patients.

I became the director of the Alabama Medical Cannabis Commission on October 1 and we have begun the process of implementing Alabama's law. Our initial steps are directed toward setting up the proper and legal structure of the Commission so that we can successfully meet the needs of thousands of Alabamians. These steps include drafting the administrative rules and regulations required by statute to govern the Commission as well as setting up the mandated, necessary, and secure tracking software technology to house and protect patient information and other tracking data. These are our initial priorities. It will take several months to accomplish this task. While it is important to have medical cannabis products available to qualified patients as soon as possible, it is also critical that we establish this program in the right way.

The Commission is pleased to submit its 2021 annual report to the Alabama legislature in accordance with §20-2A-9, Code of Alabama 1975. This inaugural legislative annual report will include, to the extent possible, information regarding implementation of Alabama law, including information in eleven specific areas set forth in Act 2021-450.



John McMillan

Director

Alabama Medical Cannabis Commission

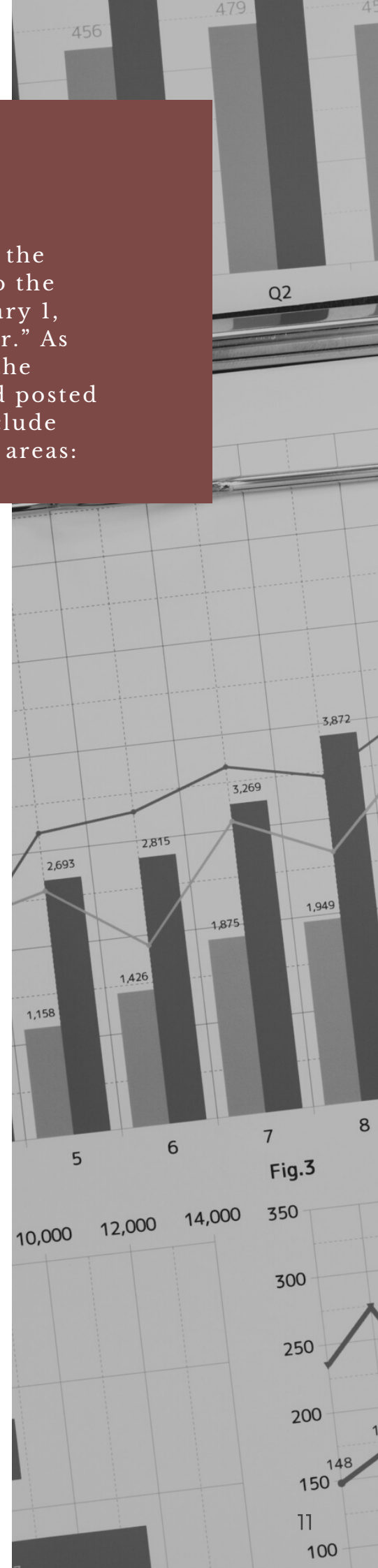


Report Sections

Section 20-2A-9, Code of Alabama 1975, requires the commission to provide “annual written reports to the Legislature, with the first one no later than January 1, 2022, tracking the implementation of this chapter.” As required by law, this inaugural annual report to the Alabama legislature will be publicly available and posted on the commission’s website. The report is to include information and data in the following eleven (11) areas:

1. The number of patients applying for and receiving medical cannabis cards. *
2. The qualifying medical conditions identified to obtain the medical cannabis cards. *
3. Comments from physicians and other health care providers and from pharmacists.
4. Revenues and expenses of card issuance and licensing of medical cannabis facilities.*
5. Relevant development in other states’ cannabis laws.
6. Relevant scientific research.
7. Applicable tax revenue. *
8. The commission’s annual operating expenses and revenues.
9. The number of total applicants for each type of license under Article 4 and the number of veterans, minorities, and women who applied and the number of these applicants who were denied a license. *
10. Any other information available to the commission that would inform public officials of how this chapter affects the public.
11. Any suggested legislative changes to this chapter or other state laws.

* = information not applicable for 2021 report





Comments from Physicians, Health Care Providers, and Pharmacists.

The Physician's Committee has the responsibility of apprising the Commission of the development of an appropriate medical education course for "certifying" physicians who seek to become a "registered certifying physician" to be permitted to recommend medical cannabis to qualifying patients and the implementation of medical regulations to govern "certifying" physicians.



Under the Medical Cannabis Act, the Medical Association of the State of Alabama is tasked with developing a four (4) hour education course that physicians must complete in order to become "certified" to recommend medical cannabis to patients. In addition, the Board of Medical Examiners (BME) is required to promulgate guidance regulations for "certifying" physicians. The Physician's Committee has worked with both groups to initiate the process of developing the education course and drafting the regulations.

The BME has recently approved draft regulations that have been published for public comment and it is anticipated that the 4-hour course developed by the Medical Association will be available for physicians in the late spring 2022.

The Physician's Committee will report to the commission comments it receives from physicians and other health care professionals regarding the proposed regulations and will continue to work with the BME and the Medical Association in the coming months to ensure the final adoption of appropriate medical regulations and the development of the medical education course.

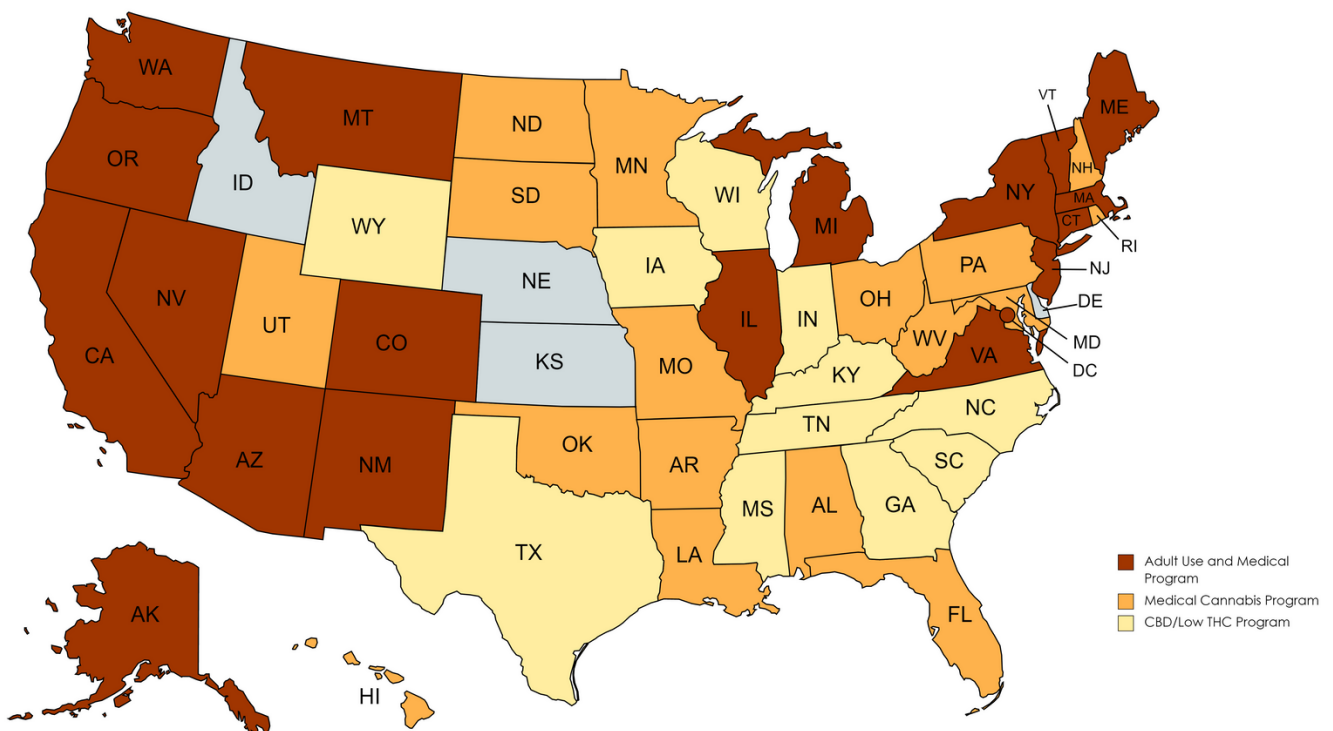
Relevant development in other states' cannabis laws.

Medical cannabis legislation has occurred in the majority of the states and territories in the United States of America. State legislatures continue to introduce new legislation and/or amend current state laws across America to ensure medical marijuana remains available and can be consumed safely while under the medical supervision of a physician.

Since the establishment of the Alabama Medical Cannabis Commission, 38 states and the District of Columbia have been contacted either via phone or electronic mail regarding their medical marijuana legislation. Contacting these states has been a high priority for our commission; and ultimately establishing a dialogue with these states has been done in an effort to establish a working knowledge of the regulations that have been created to manage access to medical cannabis across the United States.

The main difference from state to state that we have found is in the dosage forms that are allowed and the maximum percent of THC that can be allotted in a given product.

STATE REGULATED CANNABIS PROGRAMS



States and Websites Resource

<u>State</u>	<u>Website for Cannabis Control</u>
Alaska	https://www.commerce.alaska.gov/web/amco/MarijuanaRegulations.aspx
Arizona	https://www.azdhs.gov/licensing/medical-marijuana/index.php
Arkansas	https://www.healthy.arkansas.gov/programs-services/topics/medical-marijuana
California	https://cannabis.ca.gov/
Colorado	https://cdphe.colorado.gov/marijuana
Connecticut	https://portal.ct.gov/cannabis?language=en_US
Delaware	https://dhss.delaware.gov/dhss/dph/hsp/medmarhome.html
District of Columbia	https://lims.dccouncil.us/Legislation/B18-0622
Florida	https://knowthefactsmmj.com/
Georgia	https://www.gmcc.ga.gov/
Hawaii	https://health.hawaii.gov/medicalcannabis/
Illinois	https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis.html
Louisiana	https://www.ldaf.state.la.us/medical-marijuana/
Maine	https://www.maine.gov/dafs/omp/
Maryland	https://mmcc.maryland.gov/Pages/home.aspx
Massachusetts	https://masscannabiscontrol.com
Michigan	https://www.michigan.gov/mra/
Minnesota	https://www.health.state.mn.us/people/cannabis/index.html
Mississippi	https://msdh.ms.gov/msdhsite/_static/30,0,425.html
Missouri	https://health.mo.gov/safety/medical-marijuana/index.php
Montana	https://mtrevenue.gov/cannabis/
Nevada	https://ccb.nv.gov/
New Hampshire	https://www.dhhs.nh.gov/oos/tcp/
New Jersey	https://www.nj.gov/cannabis/
New Mexico	https://ccd.rld.state.nm.us/
New York	https://cannabis.ny.gov/
North Dakota	https://www.health.nd.gov/mm
Ohio	https://medicalmarijuana.ohio.gov
Oklahoma	https://oklahoma.gov/omma.html
Oregon	https://www.oregon.gov/olcc/marijuana/pages/default.aspx
Pennsylvania	https://www.health.pa.gov/topics/programs/Medical%20Marijuana/
Rhode Island	https://health.ri.gov/healthcare/medicalmarijuana/
South Dakota	https://medcannabis.sd.gov
Tennessee	No Website
Utah	https://medicalcannabis.utah.gov/
Vermont	https://medicalmarijuana.vermont.gov/about-us
Virginia	https://www.cannabis.virginia.gov/
Washington	https://lcb.wa.gov
West Virginia	https://dhhr.wv.gov/bph/Pages/Medical-Cannabis-Program.aspx



Significant Conversations

Significant conversations have occurred with medical cannabis regulatory authorities from Minnesota, Ohio, and Florida. All three of these states have provided us with beneficial information as it relates to the establishment of regulations, standard operating procedures for businesses, educational requirements for those that recommend and/or dispense medical cannabis products, and a foundational understanding of supply chain logistic issues that can arise from seed to sale.

Minnesota Office of Medical Cannabis

Our conversation with Minnesota centered on various medical cannabis dosage formulations. Minnesota began their medical cannabis program with dosage forms like capsules, tinctures, oils and creams. This is similar to Alabama law. However, recently Minnesota state legislatures have approved smokable forms of marijuana beginning March 1, 2022.

Other key points of information discussed in this conversation are as follows:

- Continuing education requirements only applied to physicians and pharmacists that diagnosed or dispensed medical marijuana products.
- Patients were required to complete patient experience surveys prior the product being dispensed to the patient.
- There is a compositions/dosages report that is published annually, which includes data as it relates to dosage form and doses of delta 9-THC recommended for a variety of disease states. This report provides both practitioners and the public with a reference source to primary literature that is being published on the treatment of patients with medical cannabis products.
- Minnesota is affiliated with an organization known as CANNRA, which stands for "Cannabis Regulators Association". CANNRA provides member states with data and regulatory updates that can assist member states in making informed decisions. CANNRA has members from 36 states and territories.

Ohio Medical Marijuana Control Program

Dispensaries and the organizational structure of a dispensary was the focal point of discussion in our conversation with the State of Ohio. Employees of a dispensary must have foundational training on the following topics:

1. Prescription Monitoring Program Training
2. State Inventory Tracking system
3. Dispensary Confidentiality Requirements
4. Maintaining employee licenses
5. Toll free line training
6. Qualifying conditions
7. Forms and methods of marijuana use
8. Adverse events from medical marijuana
9. Recognizing medical marijuana abuse
10. Security Measures and controls
11. Regulatory Inspections & Law Enforcement

The dispensary chooses to either create a “foundational training” program themselves or the dispensary can use a training program created by a third-party vendor. In both instances, it is up to the dispensary to submit their documentation to the board. And once submitted, the program is either approved or denied by the Medical Marijuana Control Board of Ohio.

We later discussed how employees of a dispensary were managed and the organizational structure of dispensaries in the State of Ohio. The following structure was outlined:

1. Key employees are managers and handle day to day operations of a dispensary.
2. Associated key employees are typically owners, or board members of a dispensary.
3. Dispensary support employees work in the dispensary, but do not have authority to make operational decisions.

Lastly, Ohio requires that dispensary employees complete 16 continuing education hours biennially.

Michigan Regulatory Agency & isomers of Delta 9-THC

Delta 8-THC is an isomer of Delta 9-THC. Isomer in chemistry means that two chemicals have the same formula but the molecules are arranged in a different manner. In the case of Delta 8, the double bond is found at the 8th carbon chain. Delta 8 has activity at the CB1 and CB2 receptors and it has been dubbed “marijuana-lite”.

Of note, Michigan passed legislation stating that all “THC isomers” be under the supervision of their Marijuana Regulatory Agency. Regulators in Connecticut and Oregon have also regulated THC isomers in the same manner.

Florida Office of Medical Marijuana Use

Chris Ferguson, the Director of the Office of Medical Marijuana Use for the state of Florida gave us an overview of Florida's operations at our commission meeting on November 18, 2021. Mr. Ferguson provided an excellent overview of Florida's entire supply chain, and gave our commission a brief overview of the following topics:

1. Office of Medical Marijuana Use (OMMU)
2. Medical Marijuana Treatment Centers (MMTCs)
3. Certified Marijuana Testing Laboratories (CMTLs)
4. Know the Facts: Florida's Medical Marijuana Program
5. Medical Marijuana Use Registry
6. Law Enforcement and the OMMU
7. OMMU program update

Southeastern States

Our commission must keep an open dialogue with Mississippi, Tennessee, and Georgia, as these states are adjacent to Alabama. Mississippi has published a draft law entitled, "The Mississippi Medical Cannabis Act". Legislation in Mississippi is being led by State Representative Lee Yancey and State Senator Kevin Blackwell. State Senator Kevin Blackwell in a recent interview stated that the law will be presented in Mississippi's 2022 regular session.

Tennessee has established a Medical Cannabis Commission in 2021. Their first meeting occurred on October 1, 2021. Tennessee's Medical Cannabis Commission has met several times since; and their law is constructed in a manner that does not allow the commission to create an intrastate medical cannabis supply chain until medical marijuana is de-scheduled and/or rescheduled as a federal schedule 1 controlled substance. The topics most discussed in their meetings have consisted of hiring an executive director, establishing a patient registry, and creating a path for patient reciprocity for Tennessee residents desiring to purchase medical marijuana from surrounding states.

Georgia has established a medical cannabis commission, named an Executive Director, and issued Class 1 and Class 2 Production licenses as of July 24, 2021. However, potential lawsuits by candidates that did not win licensure has derailed Georgia's fulfillment of producing low THC products. As of November 2021, 15 companies have filed protests against the Georgia Commission. These protests must be reviewed in an administrative hearing.

Lastly, Louisiana established medical marijuana legislation in 2015. Initially the law only made allowances for non-smokable dosage forms. Since then, the law has had several revisions, and in 2021 the latest revision now allows patients to have access to smokable marijuana. House Bill 391 was signed into law by Louisiana's Governor John Bel Edwards.

Relevant Scientific Research

In the last several years, the medical community became interested again in the health benefits of cannabis and cannabinoids. While most research to date has focused on the negative health effects of cannabis and cannabinoids, the recognition of potentially beneficial health effects comes from older and historical literature. In the last few years, in addition to the data generated with the support of the medical cannabis industry, pharmaceutical and other companies started testing high-quality plant-derived cannabis products for the treatment of various human conditions. The most recent reports focused on the treatment of amyotrophic lateral sclerosis (ALS; Lou-Gehrig Disease), multiple sclerosis, chronic pain, anxiety, cancer and epilepsy. Randomized trial results have been presented and are available to the public. These data, in general, support the use of either highly-purified plant-derived cannabidiol, nabiximols – 1:1 cannabidiol (CBD) - tetrahydrocannabinol (THC) combination, or synthetic cannabinoids for the treatment of these symptoms and disorders. Observational cross-sectional and longitudinal data, and small randomized trials are becoming available to provide additional data in support of medical cannabis use in these and other conditions including the conditions that have been included in the Alabama Medical Cannabis Law.



While hundreds of quality references have been published in the last few years, the few that provide balanced and at times opposing views and are rich in detail are included below:

Medical Marijuana – Mikhail Kogan, MD and Joan Liebmann-Smith, PhD – Avery Publisher 2021

Cannabis in Medicine – Kenneth Finn – Springer 2020

The Health Effects of Cannabis and Cannabinoids – The National Academies of Sciences Engineering and Medicine – 2017 (cited already as a resource over 1000 times).

In addition to treatment of the aforementioned human diseases, significant research is being conducted on appropriate dosing, interactions with other drugs, THC/CBD ratios, terpenes and different modes of consumption.

There is a clear need for further research in the field. Because of great public interest, research will rapidly progress. The Alabama Medical Cannabis Law includes the creation of the Consortium for Medical Cannabis Research and will likely have an impact on the knowledge that will be generated in the future regarding the application of cannabis and cannabinoids for medical purposes based on the input of physicians and the citizens of Alabama.

Commission's Annual Operating Expenses and Revenues

Financial Summary:

September 2021

Received \$500,000 Emergency Appropriation from Governor Ivey

November 2021

- Have obligated almost \$160,000 from October 1, 2021 – November 30, 2021. The Commission estimates the initial \$500,000 will cover expenses through February 2022.
- November 2021 – The Commission has requested an additional \$500,000 Emergency Appropriation from Governor Ivey. This amount should allow operations to continue until the Alabama Legislature can address supplemental funding in the Regular Session.
- November 2021 – Requested a Supplemental Appropriation of \$3.92 million for FY 2022. This will allow the Commission to proceed with developing the patient registry, business licensing, and the “seed to sale system,” as well as addressing required legal services for drafting and promulgating rules and regulations.


FY 2023

The Commission's Budget Request for next fiscal year is \$3.5 million to cover operations and continuing costs of developing and maintaining the IT systems.

Alabama Medical Cannabis Commission
Revenue and Expenses Through November 30, 2021

Category	Available	Expenditures	Encumbrances	Total Obligations
Personnel Costs	\$258,852.00	\$83,498.40	\$0.00	\$83,498.40
Employee Benefit	\$71,065.00	\$23,401.37	\$0.00	\$23,401.37
Travel, In-State	\$8,800.00	\$862.74	\$0.00	\$862.74
Travel, Out-Of-State	\$5,200.00	\$0.00	\$0.00	\$0.00
Repair And Maintenance	\$2,600.00	\$0.00	\$0.00	\$0.00
Rentals And Leases	\$30,321.00	\$11,667.50	\$2,315.20	\$13,982.70
Utilities And Communication	\$4,900.00	\$0.00	\$1,799.64	\$1,799.64
Services	\$62,000.00	\$0.00	\$0.00	\$0.00
Supplies, Mat'l, And Operating	\$18,000.00	\$749.90	\$1,409.56	\$2,159.46
Transportation Equip Operation	\$2,000.00	\$0.00	\$1,800.00	\$1,800.00
Other Equipment Purchases	\$36,262.00	\$0.00	\$30,692.88	\$30,692.88
Total:	\$500,000.00	\$120,179.91	\$38,017.28	\$158,197.19

Affects on the Public



Public interest in Act 2021-450 and public engagement in the newly established Alabama Medical Cannabis Commission has been significant. Website traffic, questions submitted via the website contact portal and attendance at Commission meetings is evidence of this interest. It demonstrates that Alabama's public is following the development and progress of the program closely. The Commission will continue to seek input from Alabamians as administrative rules and regulations are drafted.

Data:

Website Visits October 1 – December 1, 2021: 8,939


Questions Submitted and Answered via the Website: 138



Suggested Legislative Changes

Suggested legislative changes to Act 2021-450 or other state laws, including the following:

1. Any suggestions to ensure that veterans, women, and minorities are not unfairly discriminated against in obtaining licenses under Article 4.
2. Changes to reflect changes in federal law or regulation.
3. Changes based on additional medical or scientific research.
4. Other



At this time, the Commission, which is subject to the Alabama Administrative Procedure Act, is focused on establishing the administrative regulatory framework that will govern the Commission and implement Act 2021-450.

Furthermore, the Commission is exploring specific agreements or Memorandums of Understanding with multiple state agencies to accomplish the mandates of the Alabama law.

Therefore, it is premature and inappropriate in this annual report to the Alabama legislature to offer legislative changes either to Act 2021-450 or other state laws in the areas listed above in numbers 1–4.



2021

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